

PART B - FEE(8) TRANSMITTAL



Contplete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885



or Fax

appropriate. All further corr	respondence including the leading of the leading the leading or directed otherwise	Patent, advance or	ders and noti	PUBLICATION FEE (it requires fication of maintenance fees a new correspondence address	will be mailed to the current	correspondence address as	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Fee(s) Transmittal T	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
22903 75	90 11/10/2005		have its own certifica	te of mailing or transmission.			
COOLEY GODW	-		. Ce	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ATTN: PATENT GROUP				States Postal Service	his Fee(s) Transmittal is bein with sufficient postage for fir	g deposited with the United st class mail in an envelope	
	DRIVE, SUITE 1700	COURT CENTE	addressed to the Ma	il Stop ISSUE FEE address	above, or being facsimile		
ONE FREEDOM SQUARE- RESTON TOWN CENTER RESTON, VA 20190-5061					10 (0/1) 2/2 2000, 011 410	(Depositor's name)	
						. (Signature)	
						(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/608,856	608,856 06/27/2003 E		Benjamin J. Bottcher		BSCU-011/01US223C1	8238	
TITLE OF INVENTION: MEDICAL STENT WITH VARIABLE COIL AND RELATED METHODS							
		indribed cole ?	IND RODATIE	D METHODS			
•							
APPLN, TYPE	SMALL ENTITY	ISSUE F	FF T	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	02/10/2006	
					· • • • • • • • • • • • • • • • • • • •	02/10/2000	
EXAMINER		ART UNIT		CLASS-SUBCLASS	_		
SNOW, BRUCE EDWARD 37				623-023700	_		
 Change of correspondence CFR 1.363). 	address or indication of "Fe	ee Address" (37		ting on the patent front page, I	•		
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
			(2) the name of a single firm (having as a member a 2				
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
Number is required.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Boston Scientific Scimed, Inc. Maple Grove, MirmésotalADDO2 00000009 10608856							
1409.00 OP Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity of Corporation or other private group entity or other private group entity of Corporation or other private group entity of Corporation or other private group entity or other							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
Issue Fee A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted)							
Advance Order - # of Copies							
5. Change in Entity Status (from status indicated above)				*if necessary			
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.							
The Director of the USPTO in NOTE: The Issue Fee and Punterest as shown by the reconstruction.	s requested to apply the Issu blication Fee (if required) w rds of the United States Pate	e Fee and Publicate vill not be accepted and Trademark	ion Fee (if any I from anyone Office.	y) or to re-apply any previous other than the applicant; a reg	ly paid issue fee to the applica istered attorney or agent; or th	tion identified above. ne assignee or other party in	
Authorized Signature			Date FERWARY 8, 2006				
Typed or printed name Timothy D. Ford			Registration No. 47,567				
This collection of information application. Confidentiality	n is required by 37 CFR 1.3 y is governed by 35 U.S.C.	11. The information 122 and 37 CFR	n is required to	o obtain or retain a benefit by ection is estimated to take 12	the public which is to file (and minutes to complete, includin	by the USPTO to process) g gathering, preparing, and	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.